

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MA</i>	<i>67812</i>	<i>7/15/00</i>
O.I.P.E. CLASSIFIER		<i>4a</i>	<i>7/19/00</i>
FORMALITY REVIEW	<i>DE</i>	<i>71816</i>	<i>98-2300</i>
RESPONSE FORMALITY REVIEW	<i>DE</i>	<i>54867</i>	<i>98-2300</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
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47	✓
48	✓
49	✓
50	✓

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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